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## BIB DATA SHEET

CONFIRMATION NO. 6863

| SERIAL NUMBER   | FILING or 371(c)<br>DATE   | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.               |                                   |   |
|---|--|--|--|--------------------------------------|-----------------------------------|---|
| 10/634,213  | 08/05/2003   | 604  | 3734   | GLAUKO.011CP1                        |                                   |   |
| <b>RULE</b>   |  |  |  |                                      |                                   |   |
| <b>APPLICANTS</b><br>David Haffner, Mission Viejo, CA;<br>Gregory T. Smedley, Aliso Viejo, CA;<br>Hosheng Tu, Newport Coast, CA;  |  |  |  |                                      |                                   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/118,578 04/08/2002 PAT 7,135,009<br>and claims benefit of 60/401,166 08/05/2002<br>and claims benefit of 60/451,226 02/28/2003 |  |  |  |                                      |                                   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |  |  |  |                                      |                                   |   |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> ** SMALL ENTITY **<br>10/31/2003   |  |  |  |                                      |                                   |   |
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and<br>Acknowledged  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>/KATHERINE MARIE DOWE/<br>Examiner's signature | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br><br>CA                        | <b>SHEETS<br/>DRAWINGS</b><br><br>46 | <b>TOTAL<br/>CLAIMS</b><br><br>51 | <b>INDEPENDENT<br/>CLAIMS</b><br><br>15 |
| <b>ADDRESS</b><br><br>KNOBBE MARTENS OLSON & BEAR LLP<br>2040 MAIN STREET<br>FOURTEENTH FLOOR<br>IRVINE, CA 92614<br>UNITED STATES  |  |  |  |                                      |                                   |   |
| <b>TITLE</b><br>DEVICES AND METHODS FOR <del>GLAUCOMA TREATMENT</del> TREATMENT OF OCULAR DISORDERS   |  |  |  |                                      |                                   |   |
| <b>FILING FEE<br/>RECEIVED</b><br><br>1349  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |  | <input type="checkbox"/> All Fees                            |                                      |                                   |   |
|   |  |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                      |                                   |   |
|   |  |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                      |                                   |   |
|   |  |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                      |                                   |   |
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